

**Boiler Permit Application**  
Michigan Department of Energy, Labor & Economic Growth  
Bureau of Construction Codes / Boiler Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9334  
www.michigan.gov/bcc

162/161

Authority: 1965 PA 290 Completion: Mandatory Penalty: Permit will not be issued	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**IMPORTANT: A new or reinstalled boiler shall not be operated until an inspection certificate is issued by the Boiler Division, State of Michigan. The inspection certificate will not be issued until electrical, mechanical, and plumbing permits have had a final inspection approval.**

**INSTALLATIONS:** Provide a drawing showing clearance dimensions around boiler on the back side of this application and/or an attached sketch.

**REPAIRS:** Describe in detail the repair and/or provide a sketch of repair on the back side of this application.

This application, when approved by the Boiler Division, shall serve as a permit to install, repair, field erect, or alter this boiler or piping as described on the application. Enclose a check made payable to the **State of Michigan**. Mail completed **original application with 2 copies** and payment to the address listed above.

**PERMIT FEE**

<b>\$75.00 (NONREFUNDABLE)</b>	
<input type="checkbox"/> INSTALL LOW PRESSURE BOILER	<input type="checkbox"/> REPAIR
<input type="checkbox"/> ALTER	
<b>HIGH PRESSURE - \$120.00 + .05 PER FOOT OF PIPING (NONREFUNDABLE)</b>	
<input type="checkbox"/> INSTALL HP BOILER <b>AND</b> B31.1 PIPING _____ (PIPING FOOTAGE)	<input type="checkbox"/> INSTALL HP BOILER
<input type="checkbox"/> HP PIPING B31.1 _____ (PIPING FOOTAGE)	<input type="checkbox"/> FIELD ERECT BOILER

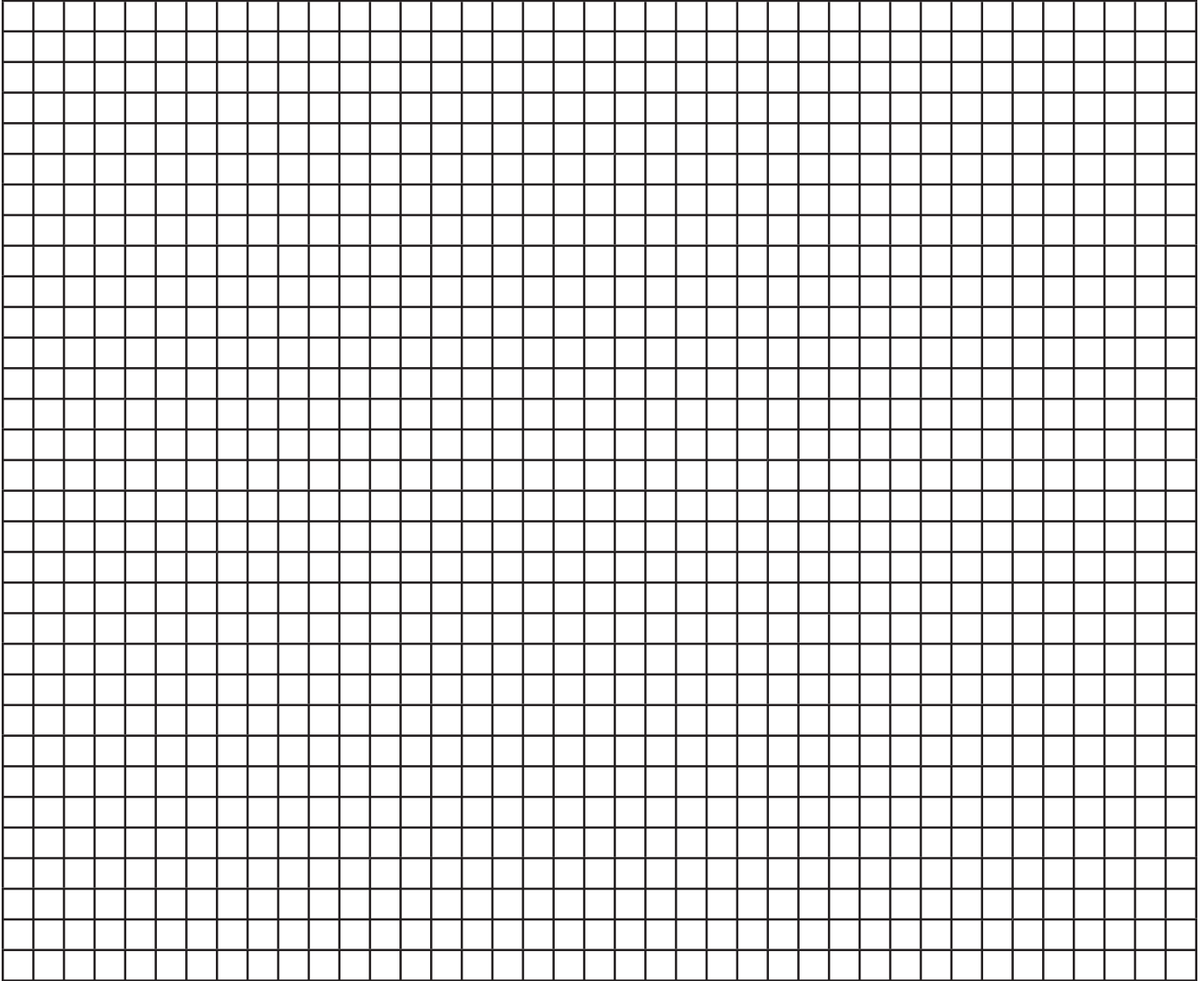
LICENSED INSTALLER / REPAIRER'S NAME		FEDERAL EMPLOYER ID NUMBER		APPLICATION DATE	
COMPANY NAME			LICENSE NUMBER		CLASS
					EXPIRATION DATE
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
OWNER / USER'S NAME	OWNER'S FEIN (If applicable)	CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE	OFFICE USE ONLY - INSPECTOR	
BOILER LOCATION ADDRESS (If different than owner/user)	CITY	STATE	ZIP CODE	OFFICE USE ONLY - INSPECTOR NUMBER	
NATURE OF BUSINESS			COUNTY		

USE		CONSTRUCTION	
<input type="checkbox"/> POWER	<input type="checkbox"/> PROCESS	<input type="checkbox"/> STEAM HEATING	<input type="checkbox"/> HWH
<input type="checkbox"/> HWS	<input type="checkbox"/> WELDED		
		<input type="checkbox"/> RIVETED	<input type="checkbox"/> MECHANICALLY ASSEMBLED
TYPE			
<input type="checkbox"/> FIRE TUBE	<input type="checkbox"/> WATER TUBE	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> CAST
<input type="checkbox"/> OTHER _____			
NATIONAL BOARD "R" CERTIFICATE NUMBER	EXPIRATION DATE	REPAIR OR USED BOILER	MICHIGAN BOILER NUMBER
		<b>M</b>	<b>M</b>
<b>REPAIR (162)</b>		<b>INSTALLATION (161)</b>	
DATE OF REPAIR / ALTERATION	WPS	BOILER SIZE IN	ASME STANDARD
MAWP	HYDRO TEST PRESSURE	LBS / STEAM HR _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
		BTU / HR INPUT _____	MAXIMUM PRESSURE
LICENSED INSPECTOR		MANUFACTURER	PREVIOUS MICHIGAN BOILER NUMBER
		<b>M</b>	<b>M</b>
LICENSED INSPECTOR'S EMPLOYER		DATE READY FOR INSPECTION	
PROPOSED ALTERATION SUBMITTED FOR REVIEW		DATE	

ORIGINAL SIGNATURE OF LICENSED INSTALLER / REPAIRER	DATE
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DESCRIPTION OF REPAIR (Provide sketch below, if necessary)

**CLEARANCE DRAWING GRAPH OR REPAIR SKETCH**



**OFFICE USE ONLY**